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CO 720 Psychopathology: Theory and Assessment

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CO 720 – PSYCHOPATHOLOGY: THEORY AND ASSESSMENT (3 Hours)

Prerequisite: CO 601

Anthony J. Headley, Ph.D.

Fall Semester, 2006

Time: T 2:30-5:15

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INTRODUCTION

This course is intended to be a practical, hands-on course in psychopathology. It will cover the various areas of psychopathology as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM IV-TR). Students will have opportunities to learn and utilize knowledge of DSM IV to facilitate assessment, diagnosis and treatment planning as would be required in mental health centers and similar institutions.

GOALS

As a result of completing this course, students shall:

1. Become familiar with a variety of historical Christian views concerning various mental health diagnoses.
2. Develop an understanding of psychopathology using DSM IV-TR nosology.
3. Become familiar with the use of DSM IV-TR in clinical settings.
4. Develop skills in diagnosis and assessment using DSM IV-TR terminology.
5. Develop the ability to translate diagnostic results into treatment planning goals.

REQUIRED READINGS

American Psychiatric Association (2000). *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.). Washington, DC: APA

First, M., Frances, A., & Pincus, H. (2002). *Handbook of Differential Diagnosis*. Washington, DC: APA

RECOMMENDED READING

Meyer, R. G. (2005). *The Clinician's Handbook*. Long Grove, Ill: Waveland Press, Inc.

REQUIREMENTS

1. Active participation in class sessions.
2. Punctual class attendance is required. Students should limit their absences to emergency cases such as illness, family emergencies etc.
3. There is a reading requirement of a minimum of 1200 pages for this class. Reading reports documenting completion of this assignment is due on the last regular day of the class.
4. Students will complete a 4-5 page report covering a historical Christian theologian's views of a mental health disorder. In this paper, students should cover the following points:
 - Provide a brief summary of the author's views concerning the mental health disorder.
 - Discuss how the author reconciles the disorder with Christian faith. For example, does the author see the disorder as incompatible or compatible with Christian faith?
 - Discuss any explanations the author provides for the origins of the disorder.
 - Compare and contrast the author's understanding with current knowledge of the disorder.
 - Briefly outline any suggestions for treatment the author offers.
 - Briefly discuss how this Christian historical perspective might or should influence your understanding and approach to the disorder.

For this assignment, you are free to any Christian historical writer. I offer the following as suggestions:

Athanasius: *Oration of the Incarnation of the Word*

Thomas Aquinas: *Summa Theologiae*, esp. Questions 22-48.

St. Augustine: *Confessions*

Jonathan Edwards: *On Religious Affections*

Gregory the Great: *The Book of Pastoral Care*

Martin Luther: *Letters of Spiritual Counsel*

Soren Kierkegaard: *The Concept of Anxiety*
The Sickness Unto Death

John Wesley: *Thoughts on Nervous Disorders; Particularly that which is usually termed lowness of spirits*
Sermon XLVII - Heaviness through Manifold Temptations
A letter to a Friend Concerning Tea.

I will post a copy of an article on Wesley and Depression in the class folder. Though much longer in length, it provides an example of the kind of paper I desire.

5. Complete 10 diagnostic assessments using DSM IV criteria.

- Students will be provided with actual cases to be used in completing this requirement.
- In completing this assignment, students will use the DSM multi-axial system.
- In the first three assigned cases, students will be expected to provide a detailed account of the process used to arrive at the diagnosis.
- **The final two (2) diagnostic assessments will be graded.** Grading will be based on the following:
 - A. Accuracy of the primary and any auxiliary diagnoses including accurate use of diagnostic codes
 - B. Inclusion of all relevant diagnoses
 - C. Completion of the multi-axial system

The diagnostic assignments will be due on each Tuesday beginning September 27.

6. Student will be assigned to groups at the beginning of the class. Each group will be expected to lead a class presentation on a topic related to the DSM IV categories. Presentations will be evaluated on the basis of the thoroughness, and overall quality. Students should include information relative to treatment.

Presentations will be of 30 - 40 minutes duration with 10 minutes for questions and feedback.

7. Students will be expected to complete a research paper on some relevant topic. This paper should be a minimum of 10 pages and should not exceed 15 pages. In this paper, students should include relevant Christian insights and implications. Papers will be graded on the following bases:
 - Demonstrated understanding of the topic
 - Thoroughness of the paper indicated by the inclusion of issues such as the nature of the disorder, diagnostic and treatment considerations.
 - Clarity of thought
 - Quality of writing
 - Overall quality
 - Inclusion of Christian insights where applicable
 - Written in APA format with relevant sources appropriately cited.
6. Students will complete a mid-term exam. This exam will cover the introductory material through disorders of infancy and other material related to the overall understanding of the DSM 1V-TR. The exam will be largely objective in nature.
7. Students will be expected to complete a final exam on the course material. This exam will involve the diagnosis of several cases utilizing both video and written case material.

EVALUATION

Course grade will be determined in the following manner:

1. Two diagnostic assessments - 10% each for a total of 20%

Due on November 29 and December 6, 2006

2. 4-5 page report – 10%

Due on October 4, 2005

2. Group presentation - 10%

See the relevant dates in the schedule

3. Paper - 20%

Due on December 6, 2005

4. Mid-term exam – 20 %

October 11, 2005

5. Final exam - 20%

Wednesday, December 13, 1-3pm.

The 4-5 page report and the research paper can be forwarded to me in the course office of the class folder. Papers forwarded to me in the office will be returned in the same manner. You can also turn in a hard copy of papers in class.

Feedback on assignments will be timely and substantive:

Timely: For assessments of student work during the course of the academic term, the expectation of “timely” feedback is met when students have their work marked, graded, and returned within one week of its submission; in the case of classes enrolling more than 40 students, two weeks. Moreover, when assignment “B” builds on assignment “A,” assignment “A” should be returned before assignment “B” falls due. Longer assignments are often due at the end of term, and are not subject to this definition.

Substantive: For assessments of student work during the course of the academic term, the expectation of “substantive” feedback is met when students receive responses that alert them to what they have done well and how they might improve their performance in subsequent work.

GRADE RANGES

A	93	C	73
A-	90	C-	70
B+	87	D+	67
B	83	D	63
B-	80	D-	60
C+	77	F	below 60

COURSE SCHEDULE

Please follow the topics noted below as a guide for readings in the DSM 1V-TR manual.

Week 1 – September 6

Introduction
Christian Perspectives on Psychopathology

Week 2 – September 13

History of the DSM Manuals

- Influences in DSM Manuals
- Understanding the DSM IV Classification System

Week 3 - September 20

DSM IV Multi-axial Assessment

- Diagnosing with the DSM IV
- Uses of the DSM IV

Read Handbook of Differential Diagnosis (HDD), chapters 1-2, Meyer, chapter 11.

Week 4 – September 27

Disorders of Infancy, Childhood and Adolescence

- **Presentation on ADHD**

Read HDD, pp. 127-138

Diagnosis 1 Due

Week 5 – October 4

Cognitive Disorders

Read HDD pp. 140-147

Diagnosis 2 Due

4-5 page report Due

Week 6 – October 11

Mid-term exam

Substance Abuse Disorders

Read M, chapter 2

Diagnosis 3 Due

Week 7 – October 18

Presentation on one Substance Abuse Disorder

Schizophrenia and Other Psychotic Disorders

Read HDD pp. 148-153; M chapter 3

Diagnosis 4 Due

Week 8 – October 25

Mood Disorders

Presentation on Major Depression

Read HDD pp. 154-162; M chapter 4.

Diagnosis 5 Due

Week 9 – November 1

Anxiety Disorders

Presentation on PTSD or Panic Disorder

Read HDD, pp. 163-173; M chapters 5, 14.

Diagnosis 6 Due

Week 10 – November 8

Somatoform Disorders

Factitious Disorders

Read HDD pp. 175-181; M chapters 6, 16.

Diagnosis 7 Due

Week 11 – November 15

Dissociative Disorders

Sexual and Gender Identity Disorders

Read HDD pp. 182-188; M chapters 7-8.

Diagnosis 8 Due

Week 12 – November 22

Fall Reading Week – No class

Week 13 – November 29

Presentation on Eating Disorders

Sleep Disorders

Impulse Control Disorders NOC

Adjustment Disorders

Read HDD pp. 189-202; M chapters 7, 10.

Diagnosis 9 Due

Week 14 – December 6

Personality Disorders

The Treatment of Personality Disorders

Read HDD pp. 203-213; M chapter 9.

Diagnosis 10 Due

Final exam, Wednesday, December 15, 1-3pm

Expectations and Grading Criteria for Diagnostic Assessments

Factor	Grade A Diagnosis (5 Pts)	Grade B Diagnosis (4.25 Pts)	Grade C Diagnosis (3.5 Pts)	Grading
Axis 1 Labeling X 2 (weight)	All applicable diagnoses are indicated with correct diagnostic codes and appropriate specifiers where necessary. If there is no Axis 1 diagnosis, the appropriate code is indicated. "Reason for Visit" indicated where diagnosis is not considered principal.	In the case of multiple diagnoses, one is missing or the diagnostic label is correct but with an inaccurate diagnostic code. Or "Reason for Visit" not indicated where the diagnosis supplied is not the principal one. (One error of any sort places score in this category)	In the case of multiple diagnoses, more than 2 are missing, or the diagnostic label and code is inaccurate. (At least two errors place the scores in this category across all axes).	Rating (0-5) (x 2 weight) Expectations for "B" = 8.5/10
Axis 2 Labeling	An appropriate diagnosis is made where necessary, with correct labeling and code and with supplied "Reason for Visit" if the Axis 2 diagnosis is the presenting concern. If the primary diagnosis is on Axis 2, it is indicated by placing "Principal Diagnosis" after the diagnosis. Where there is no diagnosis on Axis 2, the appropriate code is supplied.	An appropriate diagnosis is made where necessary but the diagnostic code is inaccurate, or the "Principal Diagnosis" reference is missing. If there is no diagnosis, the appropriate code is missing. If the Axis 2 diagnosis was the presenting concern, "Reason for Visit" is not indicated. (one error of any sort places score in this category for all Axis.	An inappropriate diagnosis is made or the label and code are inaccurate. "Principal Diagnosis" is missing or in the case of no diagnosis, no code is supplied.	Rating (0-5) Expectations for "B" = 4.5/5
Axis 3 Labeling	The appropriate GMC condition is indicated with the code from Appendix G.	The appropriate GMC condition is indicated but the code from Appendix G is missing.	No condition or code is supplied.	Rating (0-5) Expectations for "B" = 4.5/5
Axis 4 Labeling	Each of the necessary psychosocial and environmental problems is indicated	One of the necessary psychosocial and environmental problems is missing	At least two of the psychosocial and environmental problems are missing	Rating (0-5) Expectations for "B" = 4.5/5
Axis 5 Labeling	The GAF score indicated is suitable both in terms of severity and functioning and is within 5 points of the class professor's rating	The GAF scores is suitable both in terms of severity and functioning but the score is within 10 points of the class professor's rating	The GAF score is inadequate given the severity and functioning. The score is beyond 10 points of the professor's rating	Rating (0-5) Expectations for "B" = 4.5/5

Criteria for 4-5 Page Historical Paper

Grade A Paper	Grade B Paper	Grade C Paper
<ol style="list-style-type: none"> 1. Provides a brief summary of the author's views of the mental health disorder. 2. Discusses how the author reconciles the disorder with Christian faith or indicates that this was not covered. 3. Discusses the author's view of its origin or indicates that this was not covered. 4. Compares and contrasts the author's understanding with current knowledge. 5. Briefly outlines any suggestions for treatment the author offers. 6. Briefly discusses how this perspective might or should influence understanding and approach to the disorder. <p>Paper is written in a good, clear style with little grammatical errors.</p>	<p>Fails to cover at least two of the major points required in the paper (#1-5) or does not cover them in any substantive way or implies rather than explicitly discusses these issues or fails to indicate that the particular issue was not covered by the author.</p> <p>Addresses how the reading influenced their perspective but not in any substantive way, rather there was scant treatment of this issue.</p> <p>The paper has a few flaws in terms of quality, style, grammar and spelling.</p>	<p>Fails to address more than two of the major points required in the paper or fails to indicate in more than one place that the author did not cover the issue in question. Or only implies these issues rather than discussing them explicitly.</p> <p>Fails to address how the reading influenced their perspective.</p> <p>The paper has many flaws in terms of quality, style, grammar and spelling.</p>